



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3186

|  |   |                                   |   |  |                                    |
|--|---|-----------------------------------|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/800,472   | <b>FILING or 371(c)<br/>DATE</b><br>03/15/2004<br><b>RULE</b>   | <b>CLASS</b><br>713               | <b>GROUP ART UNIT</b><br>2136   | <b>ATTORNEY DOCKET<br/>NO.</b><br>WIRELESS/SCH |                                    |
| <b>APPLICANTS</b><br>Scott C. Harris, Rancho Santa Fe, CA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/454,694 03/17/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>06/01/2004 |   |                                   |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/CARL G COLIN/</u><br>Examiner's Signature            | <input type="checkbox"/> Met after Allowance<br>CC Initials   | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWINGS</b><br>1   | <b>TOTAL<br/>CLAIMS</b><br>23                  | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>SCOTT C HARRIS<br>P O BOX 927649<br>SAN DIEGO, CA 92192<br>UNITED STATES   |   |                                   |   |  |                                    |
| <b>TITLE</b><br>Wireless network having multiple communication allowances  |   |                                   |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>455  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |